

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration Grant Application Form PHS-6025-1 (Revised 9/96)  Maternal and Child Health Services Federal Set-Aside - Training	Date Received	Grant Number
	CFDA No. 93.110 <u>T</u> Category of Training	

1. Title of Proposal (not to exceed 56 typewriter spaces)

2a. Project Director, Name (last, first, middle initial & position title)	2b. Highest Degree	2c. Social Security No.
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2d. Mailing Address (organization, street, city, state, zip code)	2e. E-Mail Address
	2f. Department
	2g. School or College

2h. Telephone (area code, number, extension)	2i. Fax (area code, number)
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3. Dates of entire proposed project period (This application) From To	4. Applicant Organization (name and address)
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5. Congressional District of Applicant Other Districts that Benefit Financially from this Application

6. Official in business office to be contacted concerning application (name, title, address and telephone number)	6a. Single point of contact if different from 6
	6b. E-Mail address of single point of contact

7. Entity identification no.	8. Official signing for applicant organization (name, title and telephone number)
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9. Type of organization (see instructions)  
☐ Private Nonprofit  
☐ Public (Specify Federal, State, Local) \_\_\_\_\_

10. Project Director Assurance:  I agree to accept responsibility for the conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.	11. Signature of person named in item 2a. "PER" signature not acceptable.  _____ Date _____
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12. Certification and acceptance I certify that the statements herein are true and complete to the best of my knowledge and accept the obligation to comply with the DHHS terms and conditions if a grant is awarded as a result of this application. A willfully false certification is a criminal offense (U.S. Code, Title 18, Section 1001).	13. Signature of person named in item 8. "PER" signature not acceptable.  _____ Date _____
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## PUBLIC BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to range from 61.25 hours per response to 166.25 hours per response, depending on whether the program for which the application is applying is subject to the statutory reporting requirements added by Public Law 102-408. These estimates include the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to DHHS Reports Clearance Officer; Paperwork Reduction Project (0915-0060); Room 531-H; Humphrey Building; 200 Independence Ave., SW; Washington DC 20201. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current valid OMB number. The OMB number for this form is 0915-0060.

**ABSTRACT OF PROPOSAL**  
**Not to exceed 3 pages**

**Refer to page 15 for instructions for completing this Abstract.**

Project Title:

MCJ Number: (competing continuation applications only)

Project Director:

Contact Person:

Grantee Organization:

Address:

Phone Number:

FAX Number:

E-mail Address:

World Wide Web Address:

Project Period:

Narrative:

    Problem:

    Goals and Objectives:

    Methodology:

    Coordination:

    Evaluation:

    Experience to Date:

    Text of Annotation:

    Key Words:

**DETAILED BUDGET - FIRST 12 MONTH BUDGET PERIOD**

Refer to page 16 for instructions for completing the budget.

Direct Costs Only						
<b>A. Nontrainee Expenses</b>						
Personnel (Do not list trainees)		Time/Effort		Dollar Amount Requested (Omit Cents)		
Name	Title of Position	%	Hrs per week	Salary	Fringe Benefits	Total
<b>Subtotals</b>						
Consultant Costs						
Equipment (Itemize)						
Contracts						
Supplies (Itemize by category)						
Staff Travel						
Other Expenses (Itemize by category)						
<b>Subtotals (Section A)</b>						
<b>B. Trainee Expenses</b>						
Predoctoral Stipends requested:				No.		
Postdoctoral Stipends requested:				No.		
Other (Specify) requested:				No.		
Total Stipends						
Tuition and Fees						
Trainee Travel (Describe)						
<b>Subtotal (Section B)</b>						
<b>C. Total Direct Costs (Add Subtotals of Sections A and B)</b>						
<b>D. Indirect Costs</b>						
<b>E. Total Direct and Indirect Costs (Add C. and D.)</b>						

Indirect cost requested?    ☐ Yes    ☐ No  
If "Yes," at % rate (8% maximum).

# CONSOLIDATED BUDGET

## BUDGET ESTIMATES FOR ALL YEARS OF SUPPORT REQUESTED

Refer to page 19 for instructions for completing the consolidated budget.

Direct Costs	First Budget Period	Estimated Second Budget Period	Estimated Third Budget Period	Estimated Fourth Budget Period	Estimated Fifth Budget Period	Total
<b>A. Nontrainee Expenses</b>						
Personnel						
Consultant Costs						
Equipment						
Contracts						
Supplies						
Staff Travel						
Other Expenses						
<b>Subtotal Section A</b>						
<b>B. Trainee Expenses</b>						
STIPENDS Predoctoral						
Postdoctoral						
Tuition & Fees						
Trainee Travel						
<b>Subtotal Section B</b>						
<b>Total Direct Costs (Add Subtotals of Sections A &amp; B)</b>						

CONSOLIDATED BUDGET (Cont.)

Estimated Funding	First Budget Period	Second Budget Period	Third Budget Period	Fourth Budget Period	Fifth Budget Period	Total
Federal (Requested in this Application)						
Other Federal						
Applicant Institution						
State, Local/Other						
Project Income						
Total						

## BIOGRAPHICAL SKETCH

Refer to page 23 for instructions for completing this form.

**Name:** (Last, first, middle initial)

**Title on Training Grant:**

**Education:**

Institution and Location	Degree	Year Conferred	Field of Study

**Professional Experience:** Begin with current position, then in reverse chronological order, list relevant previous employment and experience. List in reverse chronological order all relevant publications, or most representative if the 2 page limit on the sketch presents a problem.



# CHECKLIST

This is the required last page of the application.  
(Check the appropriate boxes and provide the  
information requested.)

**Refer to page 25 for instructions for completing this form.**

## TYPE OF APPLICATION

- ☐ New application (This application is being submitted to DHHS  
for a project or program not currently receiving support.)
- ☐ Competing Continuation of grant number: \_\_\_\_\_  
(This application is to extend for one or more additional  
budget periods, a project period that would otherwise  
expire.)
- ☐ Supplement to grant number: \_\_\_\_\_  
(This application is for additional funds to supplement a  
currently funded grant.)

## ASSURANCES, CERTIFICATIONS AND OTHER REQUIREMENTS

Please see the instructions for Assurances, Certifications and  
Other Requirements on page 26. If the necessary forms have been  
filed, assurances and certification made, and other requirements  
met, please check "yes" below. If "no" is checked, please  
explain.

☐ Yes ☐ No (If "No," attach explanation.)

## GENERAL INSTRUCTIONS

### INTRODUCTION

Read and follow these instructions carefully to avoid delays and misunderstanding. Before preparing an application, review the Public Health Service (PHS) Grants Policy Statement and the announcement for this program for information on the administration of training grants and cooperative agreements. Copies of the PHS Grants Policy Statement are available at most applicant organizations.

The original and two copies of the application should be sent by the due date to:

Grants Management Office (CFDA No.93.110T)  
HRSA Grants Application Center  
40 W. Gude Drive, Suite 100  
Rockville, Maryland 20850

### SUBMISSION

- o Applications must be submitted in English and typed on 8 1/2 X 11 plain white paper and printed on one side only.
- o Margins must be at least one (1) inch at the top and bottom of the paper and on both sides.
- o Type size must be no smaller than 12 characters per inch. Applications which include smaller characters **will not** be accepted for processing.
- o The application must be numbered sequentially from page 1 (face page) to the end of the grant, including the appendices. Sub-numbering (such as 3a, 3b, etc.) must not be used.
- o A Table of Contents which lists the major sections of the application along with the appropriate page numbers is required.
- o Do not submit an incomplete application. Do not submit additional material pertinent to an application after the deadline. It **will not** be accepted.
- o Do not exceed the maximum number of pages permitted in the application. Refer to the specific program guidance for page limits.

- o Do not bind or staple the application but use rubber bands or metal clips. Do not use tabs on pages of the application or on section dividers.
- o Mail or deliver the complete and signed original of the application and two photocopies, in one package, to the address given in the announcement.
- o Applicants who do not follow these guidelines jeopardize the processing of their application.

Below is an explanation of the items on the application form. If additional space is needed to complete any of the items, use numbered continuation pages and identify each item with its number and/or title. If any item in the application is not applicable, please insert "NA" in that space.

The following instructions refer to the format found on page 1 of this package.

#### I. **FACE PAGE**

In the upper right corner enter the current grant number if this is a competing continuation or a supplement, otherwise leave blank. After CFDA No. enter the two-letter suffix specified in the Application Package for this category. Under the CFDA Number enter the name of the Category of Training specified in the Package.

1. **Title of Proposal** - Enter a descriptive title for this project.
- 2a. **Project Director** - Designate the individual who will direct and be responsible to the applicant institution for the proposed project. Co-directors are not acceptable.
- 2b. **Highest Degree** - Enter the highest degree(s) earned by the project director.
- 2c. **Social Security Number** - DHHS requests the Social Security Number for the purpose of accurate identification, referral, and review of applications and for efficient management of DHHS grant programs. Provision of the Social Security Number is voluntary. No individual will be denied any right, benefit, or

privilege provided by law because of refusal to disclose his or her Social Security Number.

- 2d. **Mailing Address** - Enter the office address of the project director. Exclude organizational information not necessary to accomplish mail delivery, but do include a street address, which is necessary for special or overnight mail delivery.
- 2e. **E-Mail Address** - Enter the address at which the project director can receive E-mail.
- 2f. **Department** - Enter the academic department or equivalent unit within which the program is lodged.
- 2g. **School or College** - This is the school, college, or other major subdivision such as medicine, dental, public health, nursing, etc.
- 2h. **Telephone** - Enter the number at which the project director usually can be reached during business hours.
- 2i. **FAX** - Enter the number at which the project director can receive FAX mail.
- 3. **Dates of Entire Proposed Project Period** - Please see the announcement for the total period of support and the start date for projects. For a competing continuation application, choose a beginning date immediately following the termination date of the current budget period. If a supplement is requested for a current year, the termination date of the supplemental grant must be the same as that of the current project period, regardless of the requested beginning date. For supplements to future years, the beginning and ending dates must be the same as those for the corresponding budget/project periods of the parent grant.
- 4. **Applicant Organization** - Name the one institution which will be legally and financially responsible and accountable for the use and disposition of any DHHS funds awarded on the basis of this application. Enter name and address (street, city, state, zip code).
- 5. **Congressional District of Applicant** - Enter the Congressional District in which the applicant institution is located.

**Other Districts that Benefit Financially from this Grant** - Enter the Congressional District(s) only if there is a clear and significant financial benefit that accrues to such district(s) if an award is made.

6. **Official in Business Office to be Contacted Concerning Application** - Self-explanatory.
- 6a. **Single Point of Contact** is a designated institutional official responsible for all business management activities between the institution and the Grants Management Office of the Maternal and Child Health Bureau (MCHB).
- 6b. **E-Mail Address of Single Point of Contact** - Self-explanatory.
7. **Entity Identification Number** - Enter the number assigned by DHHS to each grantee institution for payment and accounting purposes. If a number has not been assigned, enter institution's IRS employer identification number.
8. **Official Signing for the Applicant Organization** - See instruction for item 12.
9. **Type of Organization** - A private nonprofit organization must submit proof of its nonprofit status if it has not done so previously. If such proof has been submitted previously to any component of DHHS, identify the component and the date submitted. Acceptable proof to be submitted with the completed application may be: (a) A reference to the organization's listing in the most recent IRS cumulative list of tax exempt organizations; or (b) a copy of a currently valid IRS tax exemption certificate; or (c) a statement from a State taxing authority or State Attorney General, certifying that the organization is a nonprofit organization operating within the State and that no part of its earnings may lawfully inure to the benefit of any private shareholder or individual; or (d) a certified copy of the certificate of incorporation or other document which clearly establishes the nonprofit status of the organization.
10. **Project Director Assurance** - Self-explanatory.
12. **Certification and Acceptance** - The signature of an

authorized official of the applicant institution is required as certification that the information in the application is correct, that the institution agrees to abide by enabling legislation, applicable regulations, DHHS policies, and conditions placed on the award, and that adequate facilities will be made available for the conduct of the proposed project. If the official named in item 8 is not available to sign for the applicant organization, an official authorized may sign as "acting" for such official. "Per" signatures are not acceptable. Signatures are required in ink and on original copy only.

The following instructions refer to the format found on page 2 of this package.

## II. TABLE OF CONTENTS

A table of contents which lists the major items presented in this application with the page number where they appear is required. A suggested format for the Table of Contents is found on page 3 of this document. This suggested format is the minimum required. You may include more detail in the Table of Contents if you wish.

The following instructions refer to the format found on page 3 of this package. The Abstract of Proposal is limited to 3 pages. Use continuation pages for the second and third pages.

## III. ABSTRACT OF PROPOSAL

The application must include an abstract of the project that can be published in the annual Maternal and Child Health Bureau (MCHB) Abstracts of Active Projects. This publication is part of MCHB's required annual report to Congress. The Abstract of the project must not exceed three (3) pages. More detailed information should be included in the Detailed Description of Project. The Abstract will be utilized extensively by non-Federal reviewers. It is essential, therefore, that the Abstract reflect the most critical points of the application. It is suggested that the three (3) page Abstract be prepared after the Detailed Description of Project has been completed and should be developed in accordance with the format and general instructions outlined below.

### A. PROBLEM:

Briefly (in one or two paragraphs) state the principal

needs and problems which are addressed by the project, including the project's relationship to current MCH program priorities.

B. GOAL(S) AND OBJECTIVES:

Identify the major training goal(s) and objectives for the project period. Typically, the goal is stated in a sentence or paragraph, and the objectives are presented in a numbered list.

C. METHODOLOGY:

Describe the educational programs and activities used to attain the objectives and comment on innovation, cost, and other characteristics of the methodology. This section is usually several paragraphs long and describes the activities which have been proposed or are being implemented to achieve the stated objectives. Lists with numbered items are sometimes used in this section as well.

D. COORDINATION:

Describe the coordination planned with appropriate national, regional, state and/or local health agencies and/or organizations in the area(s) served by the project.

E. EVALUATION:

Briefly describe the evaluation methods used to assess program outcomes and the effectiveness and efficiency of the training project in attaining goals and objectives. This section is usually one or two paragraphs in length.

F. TEXT OF ANNOTATION:

Prepare a three- to five-sentence summary of the project which identifies the project's purpose, needs and problems addressed, the goals and objectives of the project, the educational programs and activities for attaining the goals, and evaluation.

G. KEY WORDS:

Key words are the terms under which the project will be listed in the subject index. Select the most significant terms which describe the training project, including health professions for which training is offered; populations served; scope of services; and major issues being addressed through service, research, and training.

The following instructions refer to the format found on page 4 of this package. Please provide additional details and justification on continuation pages.

#### IV. DETAILED BUDGET

List the direct costs requested for the first budget period. Supplemental applications should show on the budget sheets only the additional funds requested. The **Budget Justification**, describing what each item covers and indicating details of how budget figures were developed, must be provided on separate pages of plain paper following page 3. Supplemental applications should show on the budget sheets only the additional funds requested.

##### A. Nontrainee Expenses

**Personnel** -- List participants -- professional and nonprofessional -- by name, academic degree/credential and position, or by position only if not yet employed, for whom salary is requested. (Support cannot be provided for faculty/staff who are at an organizational level superior to that of the Project Director or who are not subject to his/her administrative direction.) For each professional, state the percent of time or effort to be devoted to the training project. It is important to note that the sum of percentages of time or effort to be expended by each individual for all professional activities must not exceed 100 percent. For each nonprofessional, indicate hours per week on the project.

On a continuation page, list the total project effort of hours or percent of time that personnel, including unpaid, (voluntary) faculty, (professional, technical, secretarial and clerical) will devote to the project and reflect their contribution in the budget justification even though funds for salaries have not been requested. Information on both grant and nongrant supported positions is essential in order for reviewers to determine if project resources are adequate.

List the dollar amounts separately for fringe benefits and salary for each individual. In computing estimated salary charges, an individual's salary represents the total authorized annual compensation that an applicant organization would be prepared to pay for a specified work period irrespective of whether an individual's time would be spent on government-sponsored research, teaching or other activities. The base salary for the



purposes of computing charges to a DHHS grant excludes income which an individual may be permitted to earn outside of full-time duties to the applicant organization. Where appropriate, indicate whether the amounts requested for the professional personnel are for twelve-month, academic year, or summer salaries, and include the formulas for calculating summer salaries. Fringe benefits, if treated consistently by the grantee institution as a direct cost to all sponsors, may be requested separately for each individual in proportion to the salary requested, or may be entered as a total if your institution has established a composite fringe benefit rate.

An applicant organization has the option of having specific salary and fringe benefit amounts for individuals omitted from the copies of the application which are made available to outside reviewing groups. If the applicant organization elects to exercise this option, use asterisks on the original and two copies of the application to indicate those individuals for whom salaries and fringe benefits are being requested; the subtotals must still be shown. In addition, submit a copy of page 5 of the application, completed in full with the asterisks being replaced by the amount of the salary and fringe benefits requested for each individual listed. This budget page will be reserved for internal DHHS staff use only.

**Consultant Costs** -- Give name and institutional affiliation of each consultant, if known, and indicate the nature and extent of the consultant service to be performed. Include expected rate of compensation and total fees, travel, per diem, or other related costs for each consultant.

**Equipment** -- List and justify each separate item of equipment. If requesting funds to purchase equipment which is already available, explain the need for the duplication.

**Contracts** -- List and justify each proposed contract and provide a description of activities or functions to be performed. Provide a breakdown of and justification for costs, the basis upon which indirect cost charges, if any, will be reimbursed. Also indicate the type of contract proposed, the kind of organizations or other parties to be selected, and the method of selecting these parties.

**Supplies** -- Itemization and justification as to how major types of supplies, such as general office and photocopying expenses (expendable personal property), relate to the project are required for all items of supplies purchased with grant funds. Medical/clinical supplies and drugs are not ordinarily

acceptable. Items costing less than \$5,000 should be grouped together.

**Staff Travel** -- Enter amount for staff travel essential to the conduct of the training project. Describe the purpose of the travel giving the number of trips involved, the destinations and the number of individuals for whom funds are requested. Please note that travel costs for consultants should be included under "Consultants." Use of grant funds for foreign travel is prohibited.

**Other Expenses** -- List and justify other expenses by major categories. Do not include under this category items which properly belong in one of the other categories.

#### **B. Trainee Expenses**

**Stipends** -- Enter the number and total stipend amount for each trainee category as appropriate. See the specific program guidance for allowable stipend levels.

**Tuition and Fees** -- Enter tuition and fees requested. Explain in detail the composition of this item. Tuition at the postdoctoral level is limited to that required for specified courses. The institution may request tuition and fees (including appropriate health insurance) only to the extent that the same resident or nonresident tuition and fees are charged to regular non-Federally supported students.

**Trainee Travel** -- Enter amount requested for trainee travel necessary to the training experience. This is generally limited to local travel, unless specifically authorized. Describe the purpose of the travel, giving the number of trips involved, the travel allowance used, the destinations and the number of individuals for whom funds are requested.

The following instructions refer to the format found on pages 6 and 7 of this package.

#### **V. CONSOLIDATED BUDGET**

Use the top of this form to summarize budget data for all of the years of support requested. Figures in the Year One section should be consistent with the figures on the Detailed Budget. Include estimated totals for the entire project period in the last column.

**Indirect Costs** -- Indirect cost may be requested at 8 percent of total allowable direct costs or actual rate, whichever is less. Indirect cost should be calculated on A. Nontrainees Expenses less equipment and rental items .

Use the bottom section of this form to show the total funding for the project. The Federal contribution requested in this application should be consistent with the totals shown at the top of this page. Other existing Federal funding supporting this project should be entered on the second line. Enter both matching funds and in-kind contributions for the applicant. Funding received from other sources should be entered on the fourth line. Any expected project income should be shown on the fifth line. This information will assist reviewers to determine if project resources are adequate.

Please use continuation pages for the narrative described in the following instructions.

## VI. DETAILED DESCRIPTION OF PROJECT

Each application should be self-contained and sufficiently complete so that it can be reviewed fully on the basis of the information submitted. All project plans should be developed in accordance with the format and general instructions outlined below. **Specific content, program emphases, etc., should be derived from the Application Guidance** and any special guidelines which are applicable to the particular category of grant. The detailed description of the project should be typed single-spaced on continuation pages.

### A. PURPOSE OF PROJECT

Briefly describe the background of the present proposal, critically evaluating the national, regional and local need/demand for the training and specifically identifying problem(s) to be addressed and gaps which the project is intended to fill. (If available, a summary of needs assessment findings should be included.) State concisely the importance of the project by relating the specific objectives to the potential of the project to meet the purposes of the grant program describe in the program announcement.

### B. GOAL(S) AND OBJECTIVES

State the overall goal(s) of the project and list the

specific objectives that respond to the stated need/purpose for this project. The objectives must be **measurable** with specific **outcomes** for each project year which are attainable in the stated **time frame**. These outcomes are the criteria for evaluation of the program.

**C. ORGANIZATIONAL AND ADMINISTRATIVE STRUCTURE**

Describe briefly the administrative and organizational structure within which the program will function, including relationships with other departments, institutions, organizations or agencies relevant to the program. Charts outlining these relationships must be included. Descriptions of committees which are a part of or related to the program, including the composition, function, and responsibilities, should be included in the appendix.

**D. SETTING OF THE PROJECT**

Describe briefly the physical setting(s) in which the program will take place, including geographic location of the primary site in relation to key training resources, e.g., distance between sites that are available and will be used to carry out the program. Maps plans should be included in the appendix.

**E. EXISTING RESOURCES**

Include a brief, specific description of the available resources (faculty, staff, space, equipment, clinical facilities, etc.), and related community services that are available and will be used to carry out the program. Floor plans showing office, clinic, and teaching space and biographical sketches of faculty/staff should be included in the appendix.

**F. REQUIRED RESOURCES**

Describe briefly what additional resources are needed to accomplish the stated goals and objectives, i.e., what is requested through project support and why. **Position descriptions** for key faculty/staff must be included in the appendix. At a minimum, job descriptions should spell out specifically **administrative direction** (from whom it is received and to whom it is provided), **functional relationships** (to whom and in what ways the position relates for training and/or service functions, including

professional supervision), **duties and responsibilities** (what is done and how), and the **minimum qualifications** (the minimum requirements of education, training, and experience necessary for accomplishment of the job). Position descriptions should include the qualifications necessary to meet the functional requirements of the position, **not** the particular capabilities or qualifications of a given individual. An individual job description should be submitted for each position and should **never exceed two pages** in length.

#### **G. PROGRAM METHODOLOGY**

- o Identify the competencies expected of the graduates and the required curriculum, including didactic and practicum components. A brief syllabus, including descriptions of courses and clinical experiences and differentiating required and elective components, should be included in the appendix.
- o Describe, by year, the activities, methods, and techniques to be used to accomplish the objectives of the project.
- o Describe the roles and responsibilities of key project personnel.
- o Provide a timetable and identify responsible persons for implementation of the activities that will support the objectives.
- o Include in the appendix copies of agreements, letters of understanding/commitment or similar documents from key organizations/individuals of their willingness to perform in accordance with the plan presented in the application.

#### **H. Evaluation**

Evaluation strategy must be tied explicitly to the project objectives and the proposed performance standards. Specify qualitative and/or quantitative evaluation measures for each objective and activity. Describe the methods which will be used to measure the outcomes of the project in terms of each objective. Explain what data will be collected, the methods for collection and the manner in which data will be analyzed and reported. Data analysis and reporting must facilitate evaluation of the project outcomes.

#### **VII. APPENDIX (If Applicable)**

Materials in the appendices are limited to the items listed below, must be brief, and only those applicable to the specific program guidance should be included.

- A. Description of Committees
- B. Copies of Agreements/Commitments
- C. Maps, Floor Plans and Charts
- D. Syllabus
- E. Position Descriptions
- F. Biographical Sketches

The following instructions refer to the format found on page 8 of this package. Use the provided format for page one of each Biographical Sketch and a continuation page for the second page.

#### **BIOGRAPHICAL SKETCH**

Provide a biographical sketch in this format for key professional personnel contributing to the project. The information must be current, indicating the position description which the individual fills, and including sufficient detail to assess the individual's qualifications for the position as specified in the program announcement and position description. Each biographical sketch must be limited to two pages including publications. Include all degrees and certificates. When listing publications under Professional Experience, list authors in the same order as they appear on the paper, the full title of the article, and the complete reference as it is usually cited in a journal.

The sketches should be arranged in alphabetical order, after the project director's sketch, and placed in the appendix.

#### **VIII. SUMMARY PROGRESS REPORT**

A summary progress report covering the entire project period (usually five years) is **required** for competing continuation applications only. New applicants have the option of submitting a similar report covering the preceding five years for activities which are related to the program for which support is being requested. Well-planned progress reports can be of great value by providing a record of accomplishments, which do serve as a basis for support of a project. They are an important source of material for the awarding component staff in preparing annual reports, in planning programs, and in communicating program-specific accomplishments. Submit the Progress Report with the

application, but as a separate document. It should be a brief presentation of the accomplishments, in relation to the objectives of the training program, during the entire current project period. The statement should include:

A. **The period covered (dates)**

B. **Specific objectives**

Briefly summarize the specific objectives of the project as actually funded.

C. **Results**

Describe the program activities conducted for each objective and the accomplishments. Include negative results or technical problems that may be important.

D. **Evaluation**

Enumerate the quantitative and qualitative measures used to evaluate the activities and objectives. Specify project outcomes and the degree to which stated objectives were achieved. Include any important modifications to your original plans. Identify, in tabular form, by year, the length of training, numbers, disciplines, and levels of trainees in the program. Each MCH-supported trainee who completed training during the approved project period should be listed along with his/her racial/ethnic identity and current employment. Separate identification should be made of continuing education attendees.

E. **Title V Program Relationship**

Describe the activities related to, or resulting from, established relationships of the program and faculty with state and local Title V agencies and programs in the community, state, and region.

F. **Regional and National Significance**

Describe significant contributions of the program beyond the state in which it is located.

G. **Value Added**

Explain how this training grant has made a difference in your program, department, university, and beyond. What

accomplishments and benefits would not have been possible without this support?

H. **Year 2000 National Health Promotion and Disease Prevention Objective**

Identify the Year 2000 Objectives that this training program has addressed.

The following instructions refer to the format found on page 9 of this package.

IX. **CHECKLIST**

This is the last page of the application and should be appropriately numbered. Carefully review each item on this list and check the appropriate spaces.

For assurances, certifications and other requirements, please see the following instructions.

**ASSURANCES, CERTIFICATIONS AND OTHER REQUIREMENTS**

If the applicant has met the requirements of each of the following assurances, certifications and other requirements, please check the "Yes" space on the Checklist. If one or more of the following assurances, certifications and other requirements are not met, check no and use a continuation sheet to explain. If you need assistance, please call the Grants Management Office. (See the announcement for this program for the correct phone number.)

- A. **Civil Rights:** Before an award is made, the applicant organization must have submitted, and had accepted by the DHHS Office for Civil Rights, and Assurance of Compliance, Form HHS 441, with the Civil Rights Act of 1964.
- B. **Handicapped Individuals:** Before an award is made, the applicant organization must have submitted, and had accepted by the DHHS Office for Civil Rights, and Assurance of Compliance, Form HHS 641, with section 504 of the Rehabilitation Act of 1973, as amended (29 USC 794). This provides that no handicapped individual shall, solely by reason of the handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial



assistance. The pertinent DHHS regulations are found in 45 CFR part 84.

- C. **Age Discrimination:** In accordance with 45 CFR part 91, attention is called to the general rule that no person in the United States shall, on the basis of age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.
- D. **Sex Discrimination:** Before an award is made, the applicant educational organization must have submitted, and had accepted by the DHHS Office for Civil Rights, an Assurance of Compliance, Form HHS 639, with section 901 of Title IX of the Education Amendments of 1972, (Public Law 92-318), as amended, which provide that no person shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance. The pertinent DHHS regulations are found in 45 CFR part 86.

In accordance with 45 CFR part 83 of the DHHS Regulations issued under sections 794 and 855 of the PHS Act, no grant, cooperative agreement, loan guarantee, or interest subsidy payment under Titles VII and VIII of the PHS Act shall be made to or for the benefit of any entity, and no contract under Titles VII or VIII of the PHS Act shall be made with any entity, unless the entity furnishes assurances satisfactory to the Director, Office for Civil Rights, that the entity will not discriminate on the basis of sex in the admission of individuals to its training programs.

**Other Discrimination:** Attention is called to the requirements of section 401 of the Health Programs Extension Act of 1973, as amended (42 U.S.C. 300 a-7) which provide that no entity which receives any grant, cooperative agreement, contract, loan guarantee, or interest subsidy under the PHS Act, may deny admission or otherwise discriminate against any applicant (including applicants for internships and residencies) for training or study because of the applicant's reluctance or willingness to counsel, suggest, recommend, assist, or in any way participate in the performance of abortions or sterilizations contrary to or consistent with the applicant's religious beliefs or moral convictions.

Attention is called to section 788(c) of the PHS Act which

provides that no contract, grant, cooperative agreement, loan guarantee, or interest subsidy payment may be awarded under Titles VII and VIII to, or for the benefit of any school, program, or training center if the tuition levels or educational fees at the school, program, or training center are higher for certain students solely on the basis that such students are the recipients of traineeships, loans, loan guarantees, service scholarships or interest subsidies from the Federal government.

- E. **Drug Free Workplace Act of 1988:** The applicant institution must comply with the requirements of 45 CFR part 76, subpart F, which require certification that grantees will provide and maintain a drug-free workplace.
- F. **Certification Regarding Lobbying and Disclosure of Lobbying Activities:** A certification regarding lobbying is required for each grant award action in excess of \$100,000 before such action can be taken. Government-wide guidance for restrictions on lobbying was published by the Office of Management and Budget in the Federal Register (December 20, 1989).
- G. **Misconduct in Science:** Each institution which receives a research, research-training, or research-related grant or cooperative agreement under the PHS Act must submit an annual assurance (Form PHS 6315) certifying that the institution has established administrative policies as required by the Final Rule (42 CFR part 50, subpart A), and that it will comply with those policies and the requirements of the Final Rule as published at 54 FR 32446, August 8, 1989.

As of January 1, 1990, Notice of Grant Awards for grant and cooperative agreements involving research may be issued only to institutions that have filed with the Office of Research Integrity (ORI) acceptable assurances for dealing with and reporting possible misconduct in science. The respective Grants Management Offices will determine the status of an institution by contacting ORI.

- H. **Debarment and Suspension:** The applicant organization must certify, among other things, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency. Subawardees, that is, other corporations, partnerships, or other legal entities (called "lower tier" participants),

must make the same certification to the applicant organization concerning their covered transactions. The pertinent DHHS regulations are found in 45 CFR part 76.

- I. **Statement of Non-Delinquency on Federal Debt:** The question applies only to the person or institution requesting financial assistance, and does not apply to the person who signs an application form as the authorized representative of an institution or on behalf of another person who actually receives the funds.

Examples of Federal Debt include delinquent taxes, audit disallowances, guaranteed or direct student loans, FHA loans, and other miscellaneous administrative debts. For purposes of this statement, the following definitions apply:

- For direct loans, a debt more than 31 days past due on a scheduled payment.
- For agents, recipients of a "Notice of Grants Cost Disallowance" who have not repaid the disallowed amount or who have not resolved the disallowance.
- For guaranteed and insured loans, recipients of a loan guaranteed by the Federal Government that the Federal Government has repurchased from a lender because the borrower breached the loan agreement and is in default.

- J. **Drug-Free Schools and Campuses:** The Drug-Free Schools and Communities Act Amendments of 1989, Public Law 101-226, require that any public or private institution of higher education (including independent hospitals conducting training programs for health care personnel), State educational agency, or local educational agency receiving Federal financial assistance must certify to the Secretary of Education, as a condition for funding, that it has adopted and implemented a drug prevention program as described in regulations at 34 CFR part 86 (55 FR 33580) August 16, 1990. The provisions of the regulations also apply to subgrantees which receive Federal funds from any Federal grantee regardless of whether or not the primary grantee is an institution of higher education, State educational agency, or local educational agency.

- K. **Bloodborne Diseases:** Section 308 of Public Law 102-408 requires that with respect to awards of grants or contracts under title VII or VIII of the PHS Act, the Secretary of Health and Human Services may make such an award for the provision of traineeships only if the applicant for the award provides assurances satisfactory to the Secretary that all trainees will, as appropriate, receive instruction in

the utilization of universal precautions and infection control procedures for the prevention of the transmission of bloodborne diseases.

- L. **International Medical Graduates:** Section 798(f)(5) of Public Law 102-408 requires that, before an award of a grant, cooperative agreement, or contract can be made under title VII of the PHS Act to an entity (including a school) that provides graduate training in the health professions, the applicant organization must certify that, in considering applications for admission to a program of such training, the entity will not refuse to consider an application solely on the basis that the application is submitted by a graduate of a foreign medical school. This paragraph may not be construed as establishing any private right of action.

#### **RELEASE OF INFORMATION**

- A. **General Public Information:** DHHS makes available routinely to interested persons a report listing grants awarded. Information made available includes the title of the project, grantee institution, project director, and the amount of the award.

The Freedom of Information Act (5 USC 552a) and the associated Freedom of Information Regulations (45 CFR part 5b) of the DHHS require the release of certain information about grants upon request. Release does not depend upon the intended use of the information.

Generally available for release upon request are all funded grant applications; progress reports of grantees; and final reports of any review or evaluation of grantee performance conducted or caused to be conducted by the Department. Release is subject to deletion of material that would affect patent or other valuable rights.

- B. **Information Available to the Project Director:** The Privacy Act of 1974 (5 USC 552a) and the associated Privacy Act Regulations (45 CFR part 5b) give individuals the right of access, upon request, to information in the records concerning themselves. The Act provides a mechanism for correction or amendment of such information. It also provides for the protection of information pertaining to an individual, but it does not prevent disclosure if release of such information is required under the Freedom of

Information Act. If a Privacy Act system of records applies, the name and number of the system will be identified.

If applicable, the Privacy Act requires that a Federal agency requesting information from an individual advise the individual of the agency's authority to make the request, whether compliance with the request is voluntary or mandatory; how and why the information will be used both inside and outside the agency; and what the consequences are for the individual of failing to provide all or any part of the requested information.

The DHHS requests the information described in these instructions under authority of the PHS Act as amended (42 USC 289-1). Although provision of the information requested is entirely voluntary, it is necessary for making grant award decisions. A lack of sufficient information may hinder DHHS's ability to review applications. This information will be used within the DHHS, and may be disclosed outside the Department as permitted by the Privacy Act under the applicable system of records.

C. Government Use of Information: In addition to being used in evaluating applications, other routine uses of information can include disclosures to the public as required by the Freedom of Information Act; to the Congress; to the National Archives and Records Service; to the Bureau of the Census; to law enforcement agencies upon their request; to the General Accounting Office' and under court order. It may also be disclosed outside of the Department if necessary for the following purposes.

1. To the cognizant audit agency for auditing;
2. To the Department of Justice as required for litigation;
3. To respond to an inquiry from a Congressional office about the record of an individual made at the request of that individual;
4. To qualified experts not within the definition of Department employees as prescribed in Department regulations (45 CFR part 5b.2) for opinions as a part of the application review process;
5. To a Federal agency, in response to its request, in connection with the letting of a contract, or the issuance of a license, grant or other benefit by the requesting agency, to the extent that the record is relevant and necessary to the requesting agency's decision on the matter;
6. To individuals and organizations deemed qualified by the DHHS to carry out specific research related to the

- review and award process of the DHHS;
7. To organizations in the private sector with whom DHHS has contracted for the purpose of collating, analyzing, aggregating or otherwise refining records in a system. Relevant records will be disclosed to such a contractor. The contractor shall be required to maintain Privacy Act safeguards with respect to such records; and
  8. To the applicant organization in connection with performance or administration under the term and conditions of the award.